



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: HARRISON COUNTY HOSPITAL

City of Hospital: Corydon

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Coy Caffrey

Email Address: ccaffrey@hchin.org

Medicare Provider Number: 151331

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$30830899
Outpatient Patient Service Revenue	\$147807191
Total Gross Patient Service Revenue	\$178638090

2. Deductions From Revenue

Contractual Allowance	\$119026583
Other Deductions	\$0
Total Deductions	\$119026583

3. Total Operating Revenue

Net Patient Service Revenue	\$52510298
Other Operating Revenue	\$2725821
Total Operating Revenue	\$55236119

4. Operating Expenses

Salaries and Wages	\$26856520	Employee Benefits	\$7102820
Depreciation and Amortization	\$3266419	Interest Expense	\$337356
Bad Debt	\$7101209	Other Expenses	\$21290765
Total Operating Expenses	\$65955089		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$0	Total Assets	\$51406363
Net Non-operating Gains over Loss	\$60665	Total Liabilities	\$16926009
Total Net Gains	\$60665		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$75926205	\$0	\$75926205
Medicaid	\$38383951	\$0	\$38383951
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$64327934	\$0	\$64327934
Total	\$178638090	\$0	\$178638090

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital

Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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